

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

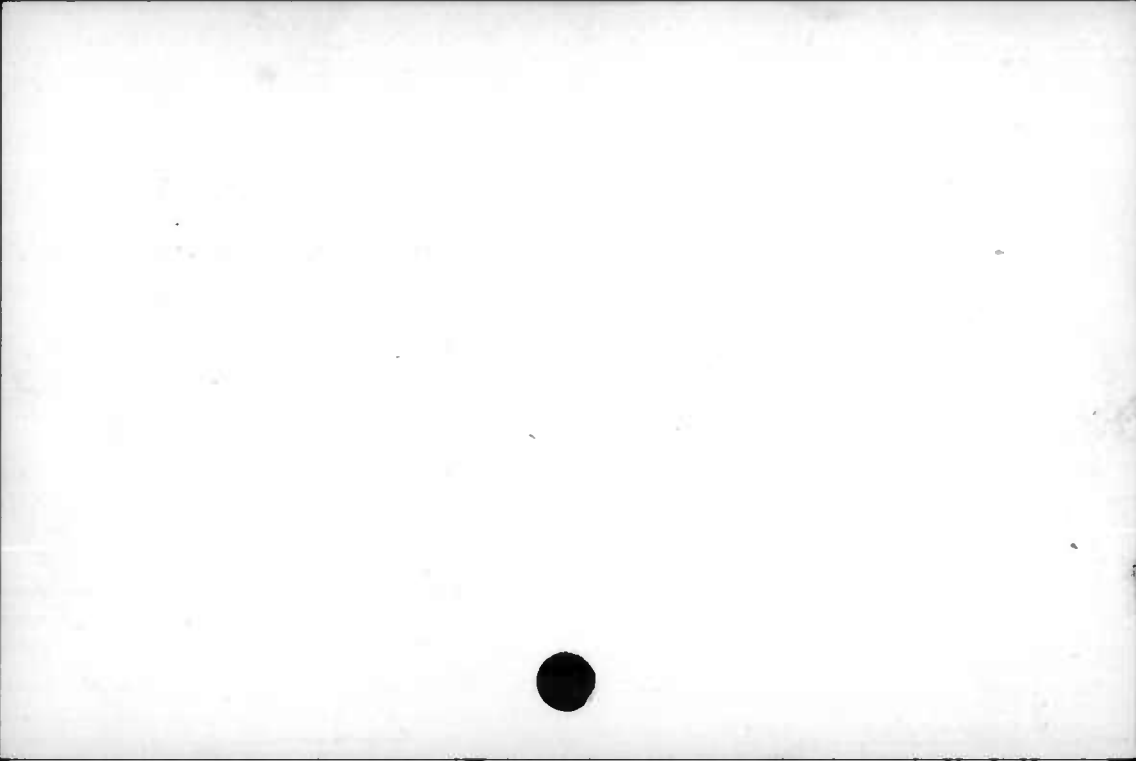
Died at <i>Synagogue</i> Town <i>Wicomico</i> County		MARYLAND	
Date of death 190 <i>7</i> Month <i>3</i> Day <i>14</i> Age <i>79</i> Years Months <i>5</i> Days	Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Ind</i>
Occupation <i>Farmer</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband <i>Elizabeth Ayres</i>		
Father's Name <i>Lambert Ayres</i>	Father's Birthplace <i>Mr. Berlin Md.</i>		
Mother's Maiden Name <i>Mary Richardson</i>	Mother's Birthplace <i>Mr. Berlin Md.</i>		
Name of person giving information <i>J. E. Wise</i>	How related to deceased <i>None.</i>		

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Valvular disease of Heart</i>	How long <i>Several years</i>
Immediate <i>do do</i>	How long <i>2 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>James C. [illegible]</i>
	Address <i>Berlin, Md.</i>
Accident or Suicide?	



Name
in
Full

Julia Beauchamp

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Snow Hill</i>		Town <i>Snow Hill</i>		County <i>Morristown</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Mar</i>	Day <i>7</i>	Age <i>7</i>	Years <i>7</i>	Months <i>11</i>	Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Hor County Md</i>			
Occupation <i>none</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Jno. W. Beauchamp</i>		Father's Birthplace <i>Delaware</i>					
Mother's Maiden Name <i>Sallie Groves</i>		Mother's Birthplace <i>Mor. Co. Md</i>					
Name of person giving information <i>Jno. W. Beauchamp</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

9

PHYSICIAN
OR CORONER

Primary <i>Diphtheria</i>	How long <i>12 days</i>
Immediate <i>Paralysis</i>	How long <i>Immediately</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Paul Jones</i>
	Address <i>Snow Hill Md</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

James Elmore Bishop

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

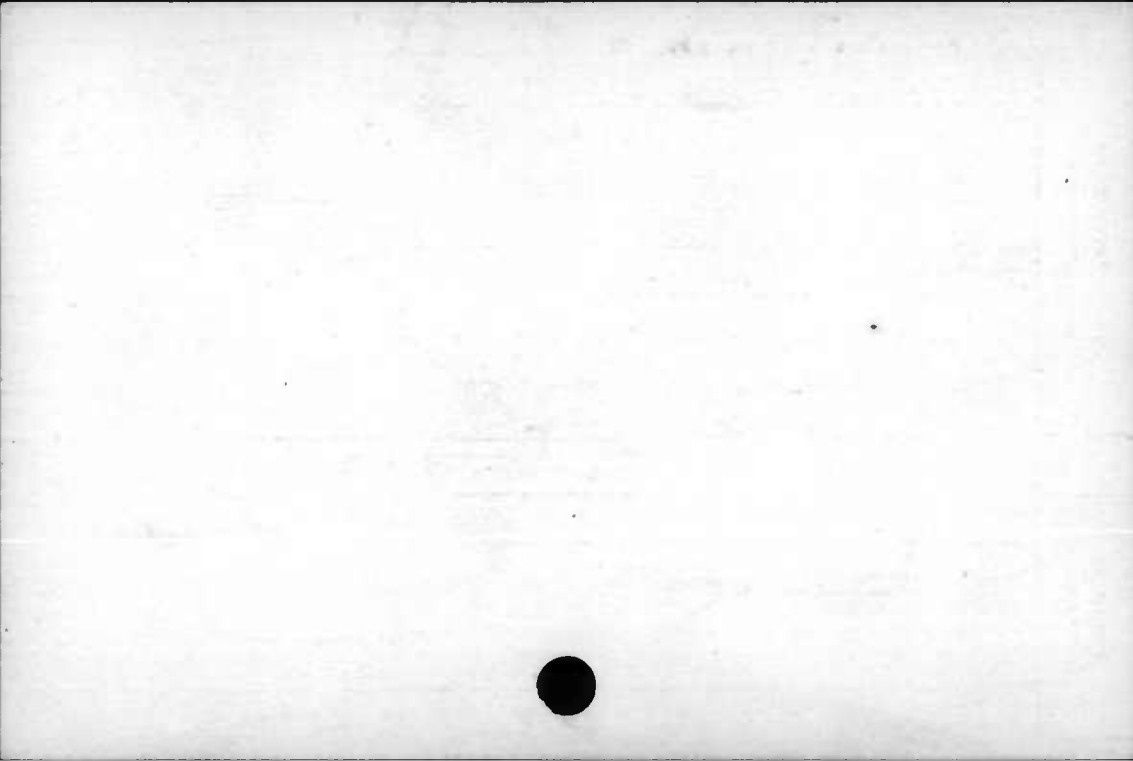
Died at		Town Snow Hill		County Morton		MARYLAND	
Date of death		1907	Month March	Day 11th	Age 5	Years	Months 7
Sex Male		Color or Race Colored		Birth place Snow Hill Md			
Occupation				Where Residing if not at place of death Snow Hill Md			
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Lynn Bishop		Father's Birthplace Snow Hill Md					
Mother's Maiden Name May E. Bishop		Mother's Birthplace Snow Hill Md					
Name of person giving information May E. Bishop		How related to deceased Mother					

CAUSES OF DEATH

167

PHYSICIAN
OR CORONER

Primary	Accidental Burning	How long	Immediate
Immediate	Death in termination of Pharynx	How long	3 days
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Wm. A. Delott	
		Address Snow Hill Md.	
Accident or Suicide?			



Name
in
Full

James Ruf. Carter

CERTIFICATE OF DEATH

Died at <i>Siddlton</i>		County <i>Worcester</i>		MARYLAND	
Date of death	Month <i>March</i>	Day <i>12</i>	Years <i>3</i>	Months	Days <i>12</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>MA.</i>		
Occupation <i>-</i>			Where Residing if not at place of death <i>-</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>-</i>			
Father's Name <i>Alvin H. Carter</i>		Father's Birthplace <i>MA.</i>			
Mother's Maiden Name <i>Coza Jernally</i>		Mother's Birthplace <i>MA.</i>			
Name of person giving information <i>A. H. Carter</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

179

Primary *Found dead in bed*

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

John D. Dickerson

Address

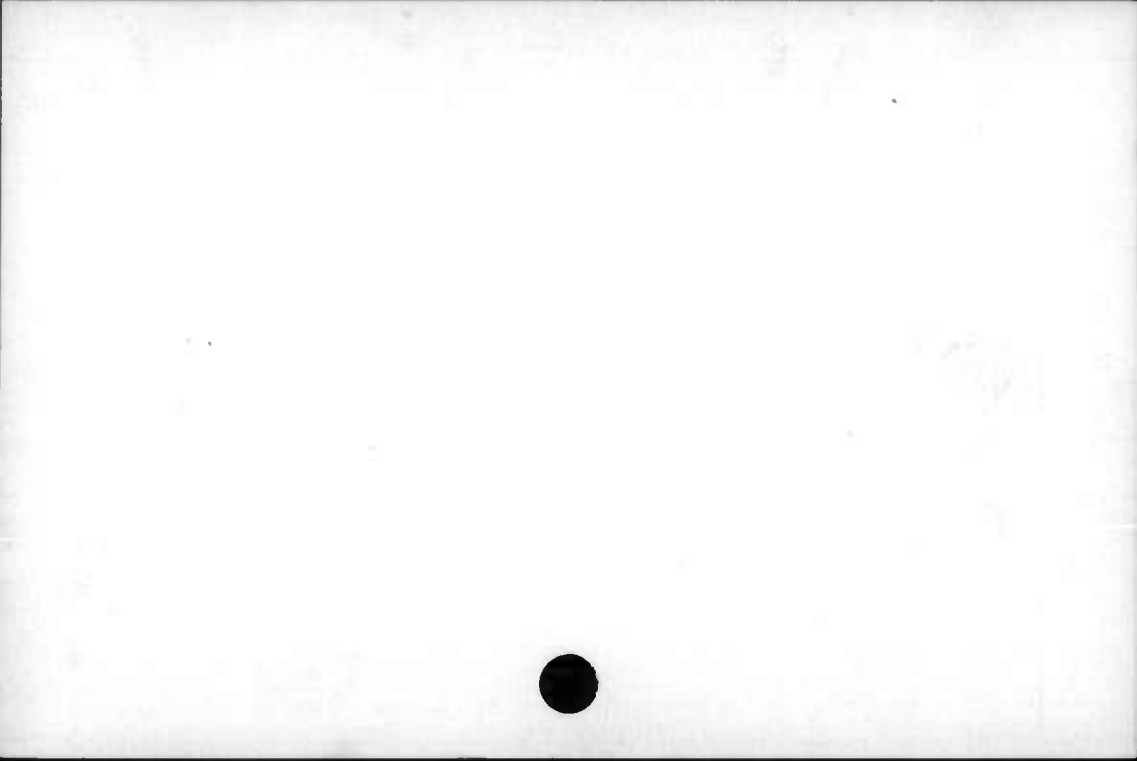
Siddlton MA

Accident or Suicide?

*✓ Worcester Co*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Maryjane Cobbourne				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Stockton		County		Worcester	
	Date of death		1907	Month	March	Day	21
	Age		38		Years	11	Months
	Sex		Female		Color or Race	white	Birth-place
	Occupation		House wife		Where Residing if not at place of death		
	Married, Single or Widowed		Married		Name of Wife or Husband		
	Father's Name		George C. Brown		Father's Birthplace		
PHYSICIAN OR CORONER	Mother's Maiden Name		Maggie Halland		Mother's Birthplace		
	Name of person giving information		L. E. Cobbourne		How related to deceased		
					Husband		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Chronic Nephritis		How long		2 years
	Immediate		Uremic Coma		How long		4 days
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
					Address		
					Stockton Md		
				Worcester Co			
Accident or Suicide?							



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Samuel Henry Costen
Town Pocumote County Wilkes

Died at
Date of death 1907
Month 3
Day 8
Age 65
Years
Months
Days

Sex Male
Color or Race Colored
Birth-place Md

Occupation Laborer
Where Residing if not at place of death

Married, Single or Widowed Married
Name of Wife or Husband Harriett Costen

Father's Name Henry Costen
Father's Birthplace Md

Mother's Maiden Name Do not know
Mother's Birthplace Md

Name of person giving information Norval H. Costen
How related to deceased Son

CAUSES OF DEATH

92
How long 3 weeks
How long 2 days

Primary Bronchial Pneumonia

Immediate Exhaustion

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician J. M. Wilson

Address Pocumote City

Accident or Suicide? Yes

PHYSICIAN
OR CORONER



Name
in
Full

Emma E Cropper

CERTIFICATE OF DEATH

Town *Berlin* County *Worcester* MARYLAND

Died at *Berlin*

Date of death 1907 3 28 Age 72 Months 11 Days

Sex *Female* Color or Race *White* Birth-place *Ind*

Occupation *Housewife* Where Residing if not at place of death

Married, Single or Widowed *Widow* Name of Wife or Husband *Richard Cropper*

Father's Name *Mr Daisy* Father's Birthplace *Ind*

Mother's Maiden Name *unknown* Mother's Birthplace *Del.*

Name of person giving information *J. E. Weiss* How related to deceased

CAUSES OF DEATH

Primary *Chronic Bronchitis* How long *several years*

Immediate *Acute Tuberculosis (Lungs)* How long *one year*

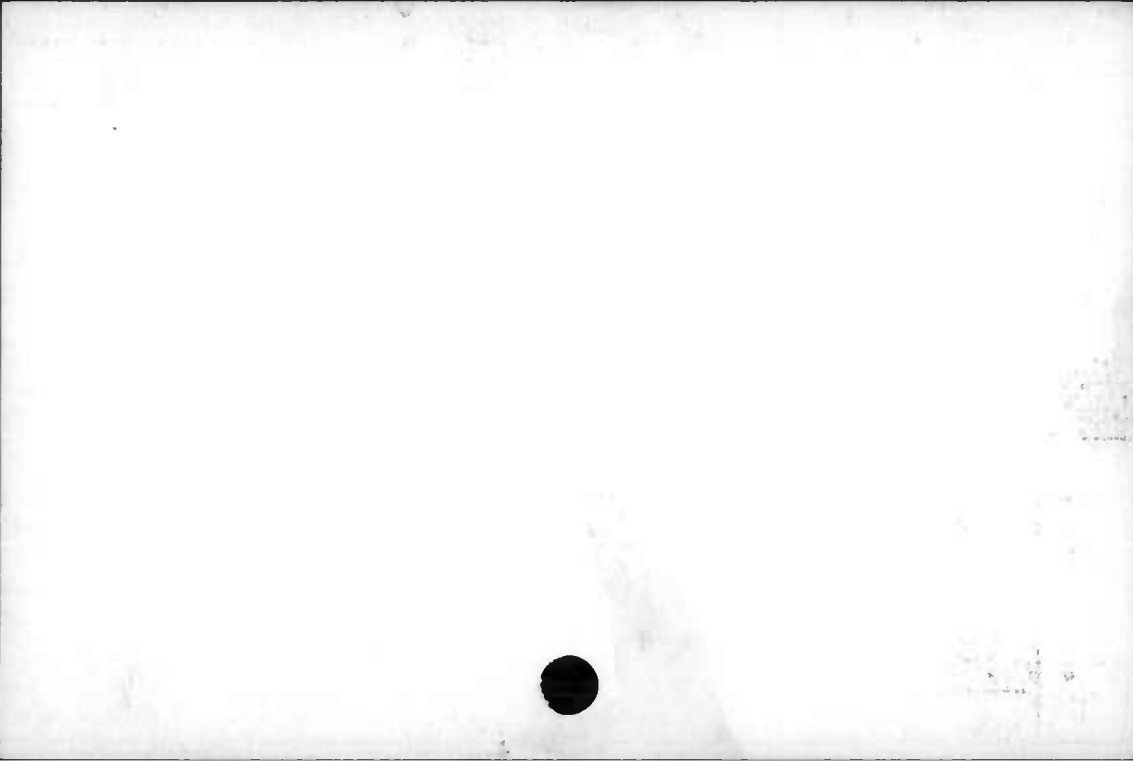
Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *C. W. Dickinson*

Address *Berlin Md*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Catherine E. Derrichson

CERTIFICATE OF DEATH

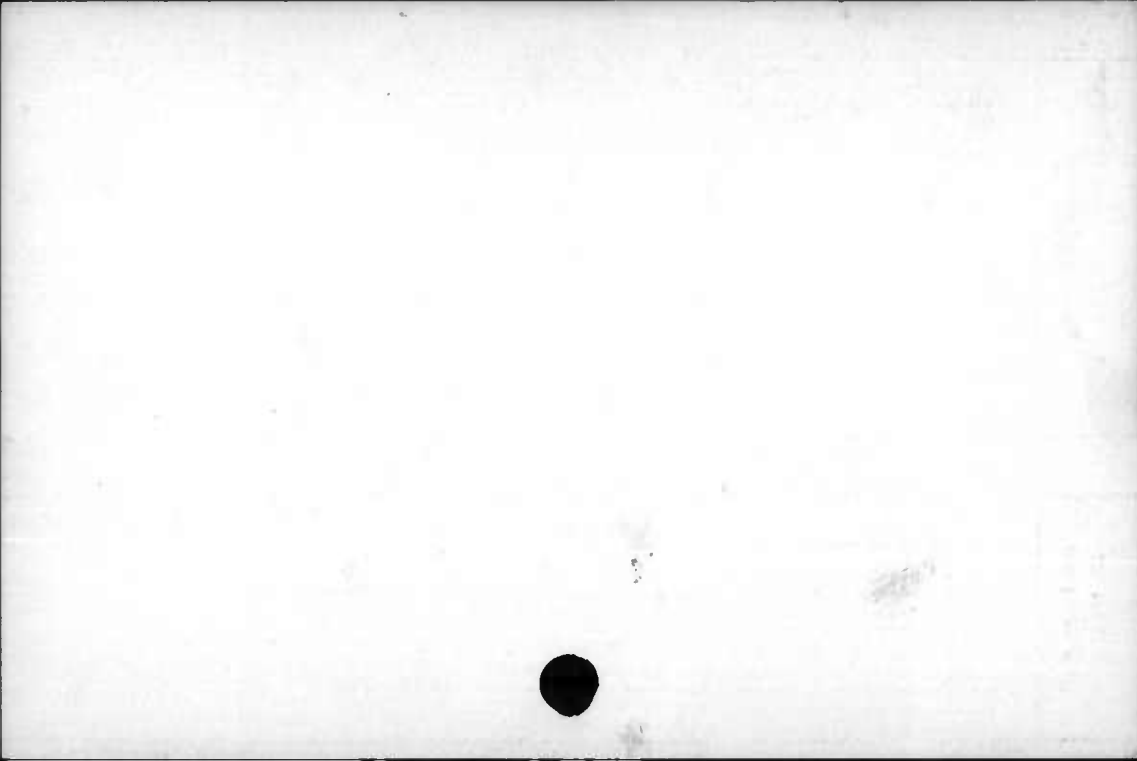
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Berlin</u> Town		County <u>Worcester</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>3</u>	Day <u>26</u>	Age <u>37</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Ind</u>		
Occupation <u>House Wife</u>		Where Residing if not at place of death			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>John Derrichson</u>				
Father's Name <u>Elisha Collins</u>	Father's Birthplace <u>Ind</u>				
Mother's Maiden Name <u>Catherine Deloy</u>	Mother's Birthplace <u>"</u>				
Name of person giving information <u>J. E. White</u>		How related to deceased <u>Wife</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pulmonary Tuberculosis</u>	How long <u>5 Years.</u>
Immediate <u>Exhaustion.</u>	How long <u>3 weeks.</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. P. Henry M.D.</u>
	Address <u>Berlin</u>
	<u>Maryland</u>
Accident or Suicide? <u>X</u>	



Name
in
Full

unnamed *Fields*

CERTIFICATE OF DEATH

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NEAREST FRIEND

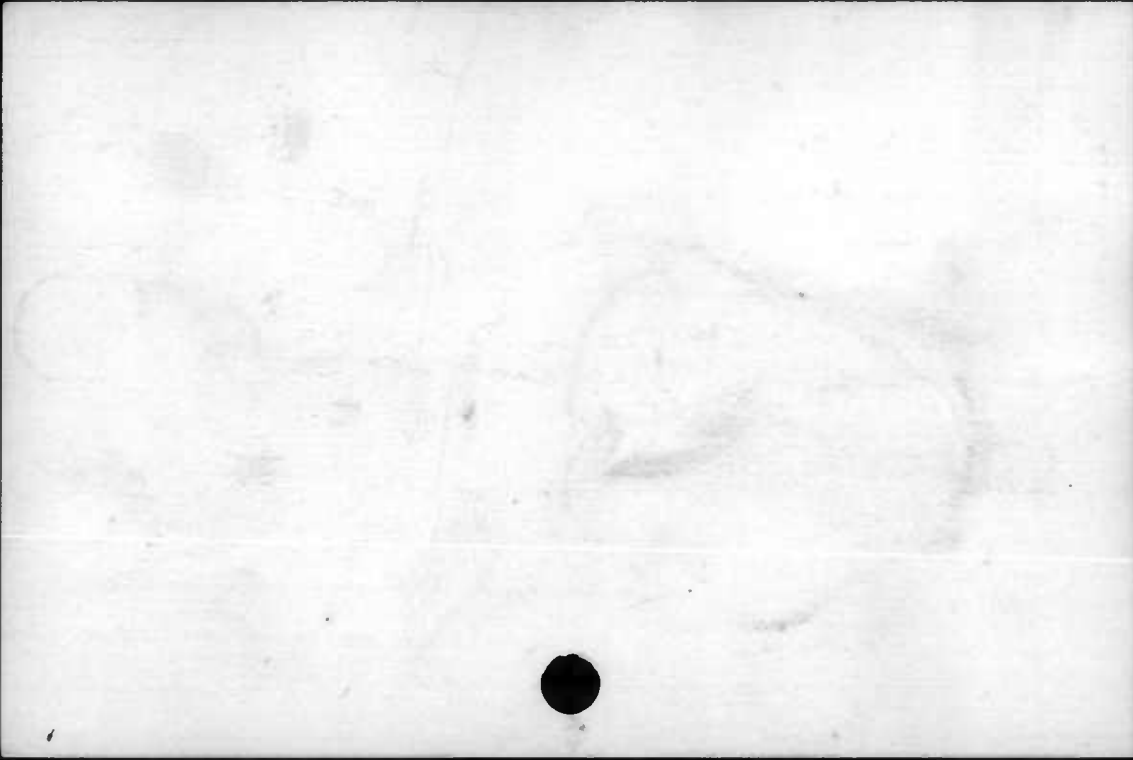
Died at <i>Powomocin city</i>		Town <i>Powomocin</i>		County <i>Worcester</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>March</i>	Day <i>16</i>	Age <i>newborn</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>colored</i>		Birth-place <i>Powomocin city</i>				
Occupation <i>Infant</i>			Where Residing if not at place of death <i>11</i>				
Married, Single or Widowed <i>11</i>			Name of Wife or Husband <i>—</i>				
Father's Name <i>Isaac Fields</i>				Father's Birthplace <i>MD</i>			
Mother's Maiden Name <i>Amanda James</i>				Mother's Birthplace <i>MD</i>			
Name of person giving information <i>Isaac Fields</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <i>Newly Born</i>	How long <i>2 Hours</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>James J. Freeman</i>
	Address <i>Powomocin city</i>
Accident or Suicide?	



Name
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Full

William J. Godfrey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

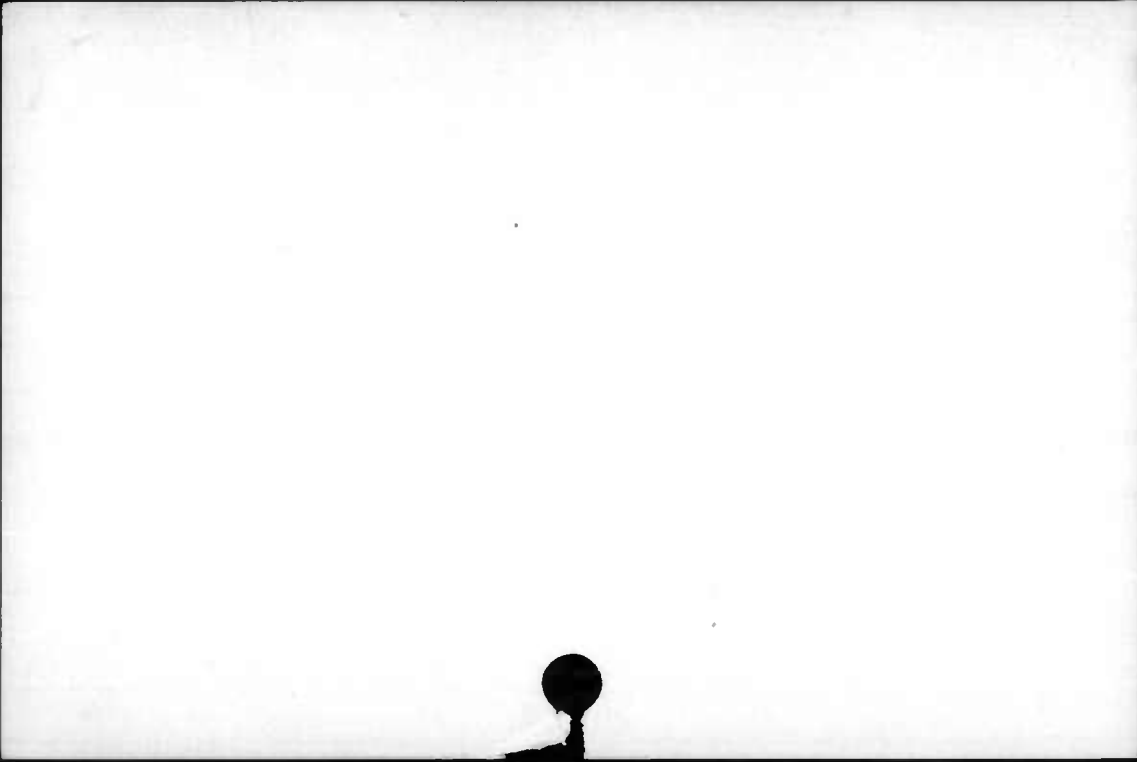
Died at <i>near Snow Hill</i>		Town <i>Snow Hill</i>		County <i>Worcester</i>		MARYLAND	
Date of death	<i>1907</i>	Month	<i>Mar</i>	Day	<i>13</i>	Years	<i>79</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Wor. Co. Md</i>		Months	<i>10</i>
Occupation <i>Farmer</i>		Where Residing if not at place of death				Days	<i>29</i>
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband		<i>Mary A. Godfrey</i>		Father's Birthplace	<i>Md</i>
Father's Name	<i>Cornelius Godfrey</i>			Mother's Birthplace		<i>Md</i>	
Mother's Maiden Name	<i>Betsy Sturgis</i>			How related to deceased		<i>Son</i>	
Name of person giving information	<i>Sidney Godfrey</i>						

CAUSES OF DEATH

(64)

PHYSICIAN
OR CORONER

Primary	<i>Heart Disease</i>	How long	<i>3 yrs</i>
Immediate	<i>Apoplexy Paralysis</i>	How long	<i>Two hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Paul Jones</i>	
		Address <i>Snow Hill Md</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>unnamed</i>		Town <i>Holden</i>		County <i>Worcester</i>		State <i>MARYLAND</i>	
Died at <i>Paromokh city</i>		Month <i>March</i>		Day <i>25</i>		Age <i>still Born</i>	
Date of death <i>1907</i>		Sex <i>Female</i>		Color or Race <i>colored</i>		Birthplace <i>Paromokh city</i>	
Occupation <i>Infant</i>		Where Residing if not at place of death <i>1 1 4</i>					
Married, Single or Widowed <i>1 1</i>		Name of Wife or Husband					
Father's Name <i>Ray Holden</i>		Father's Birthplace <i>1 1 4</i>					
Mother's Maiden Name <i>Blanche Ham</i>		Mother's Birthplace <i>1 1 4</i>					
Name of person giving information <i>Eliqa Ham</i>		How related to deceased <i>Sr Mother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Still Born</i>		How long <i>—</i>	
Immediate <i>1 1</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Sam J. Quinn</i>	
		Address <i>Paromokh city Md</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

Hennette Hargis

Town

County

MARYLAND

Died at

Pocomoke city

Worcester Co.

Date

1907

Month

March

Day

6

Years

Age

75

Months

Days

Sex

Female

Color or
Race

Colored

Birth-
place

Worcester Co.

Occupation

Labrer

Where Residing if not
at place of death

Married, ☒ or Widowed

Name of Wife or
Husband

Father's
Name

Isaac Scott

Father's
Birthplace

Worcester Co.

Mother's
Maiden Name

Ann

Mother's
Birthplace

Worcester Co.

Name of person giving
Information

Alexandre Stungis

How related
to deceased

Grandson

CAUSES OF DEATH

Primary

Lung

How long

five weeks

Immediate

Hemoptysis

How long

short time

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

D. M. S. S. S.

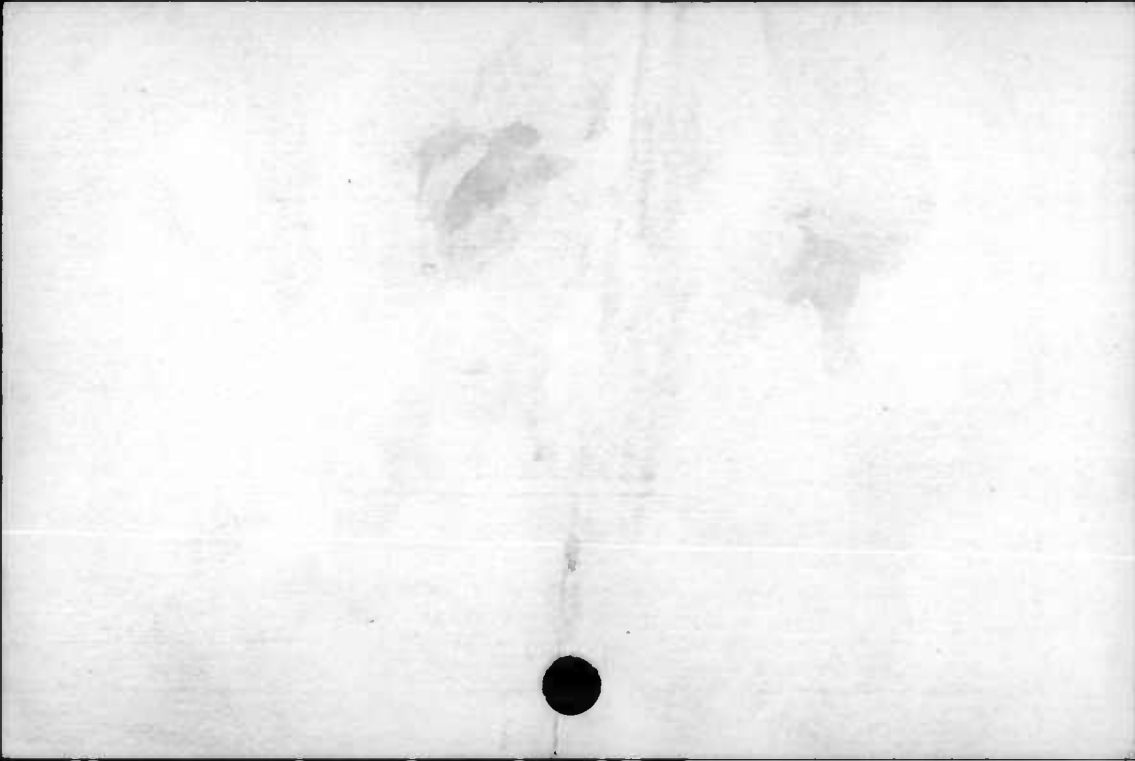
Address

Pocomoke City

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name in Full		Town		County		CERTIFICATE OF DEATH	
Sarah S. Jones		Pocomoke		Worcester		MARYLAND	
Died at		Date of death		Month		Day	
1907		March		17		Age 33	
Sex		Color or Race		Birth-place		Months	
Female		Colored		Pocomoke		Days	
Occupation		Where Residing if not at place of death					
Housewife		—					
Married, Single or Widowed		Name of Wife or Husband					
Single		Edward S. Jones					
Father's Name		Father's Birthplace					
Smith Schoolfield		Pocomoke					
Mother's Maiden Name		Mother's Birthplace					
Mary Teagle		Worcester Co.					
Name of person giving information		How related to deceased					
Edward S. Jones		Husband					
		CAUSES OF DEATH		10			
Primary		How long					
Larynx		3 days					
Immediate		How long					
Thrombosis of cerebral artery		3 days					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician					
Yes		J. H. C. Quinn M.D.					
		Address					
		Pocomoke, Md.					
Accident or Suicide?							

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

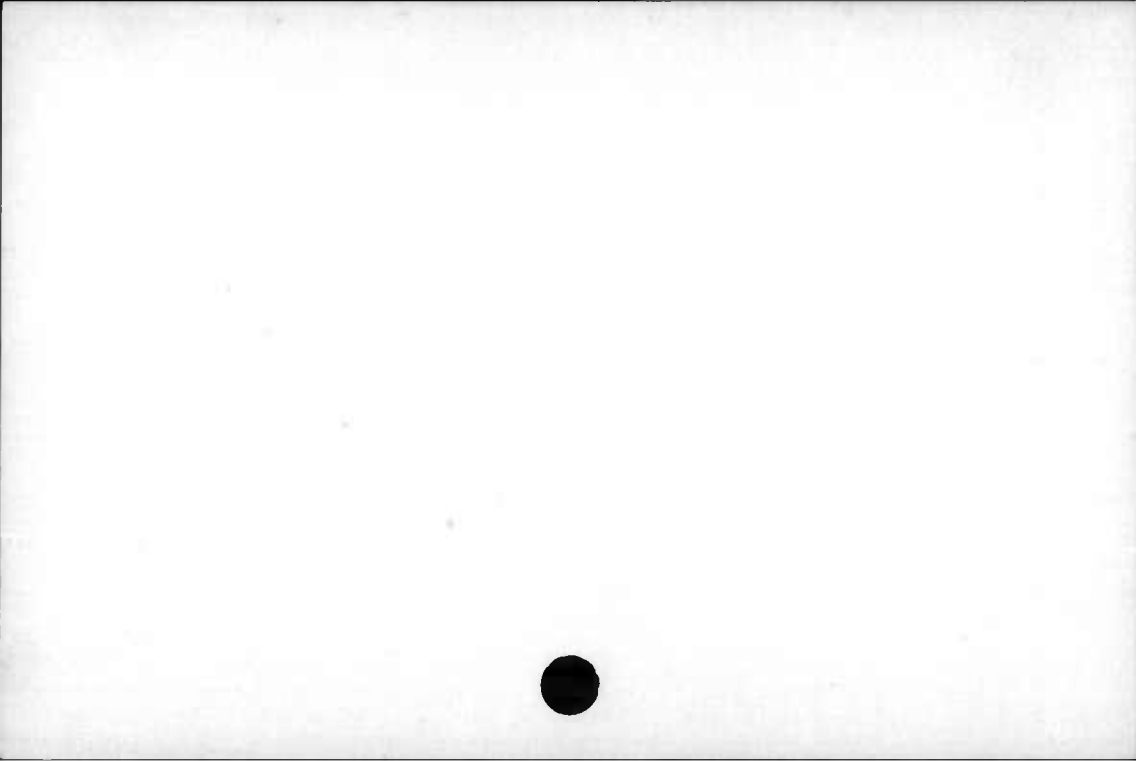
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Annie L Lekiter</i>		Town <i>Shoreville #2</i>		County <i>Worcester</i>		MARYLAND	
Died at <i>Shoreville #2</i>		Month <i>March</i>		Day <i>30</i>		Age <i>3</i>	
Date of death <i>1907</i>		Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Maryland</i>	
Occupation <i>None</i>		Where Residing if not at place of death <i>None</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>					
Father's Name <i>Frank Lekiter</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Estie Warrington</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>Frank Lekiter the father</i>		How related to deceased <i>father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Whooping Cough</i>		How long <i>3 weeks</i>	
Immediate <i>no</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>[Signature]</i>	
Address <i>[Signature]</i>		Address <i>[Signature]</i>	
Accident or Suicide?		Signature of Physician <i>T. Bayore Bishopville Md</i>	



Name
in
Full

Anna Lang

CERTIFICATE OF DEATH

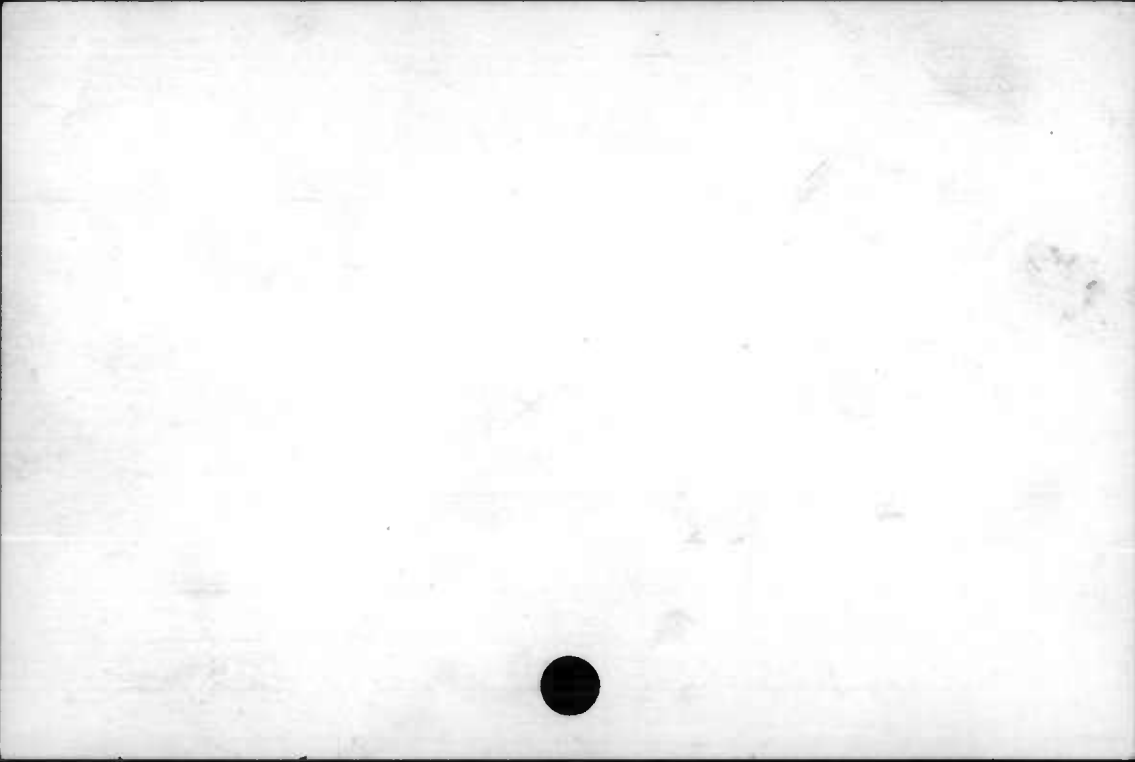
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Pocomoke</u> ^{Town}		<u>Worcester</u> ^{County}		MARYLAND	
Date of death	1907	Month	March	Day	24th
Age	67	Years		Months	
Sex	Female	Color or Race	Colored	Birth-place	Pocomoke
Occupation	Domestic	Where Residing if not at place of death			
Married, Single, or Widowed		Name of Wife or Husband			
Father's Name	Don't know Samuel Conway			Father's Birthplace	
Mother's Maiden Name	Don't know Conway			Mother's Birthplace	
Name of person giving information	Harrison Hargis			How related to deceased	Grandson

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Lagrippe & Rheumatism	How long	4 weeks
Immediate	Cardiac weakness	How long	
Are the name, age, sex, color, date, and place correctly given above?	Yes	Signature of Physician	J. W. C. Loring
		Address	Pocomoke Md.
Accident or Suicide?			



Name
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Full

Mildred A Long

CERTIFICATE OF DEATH

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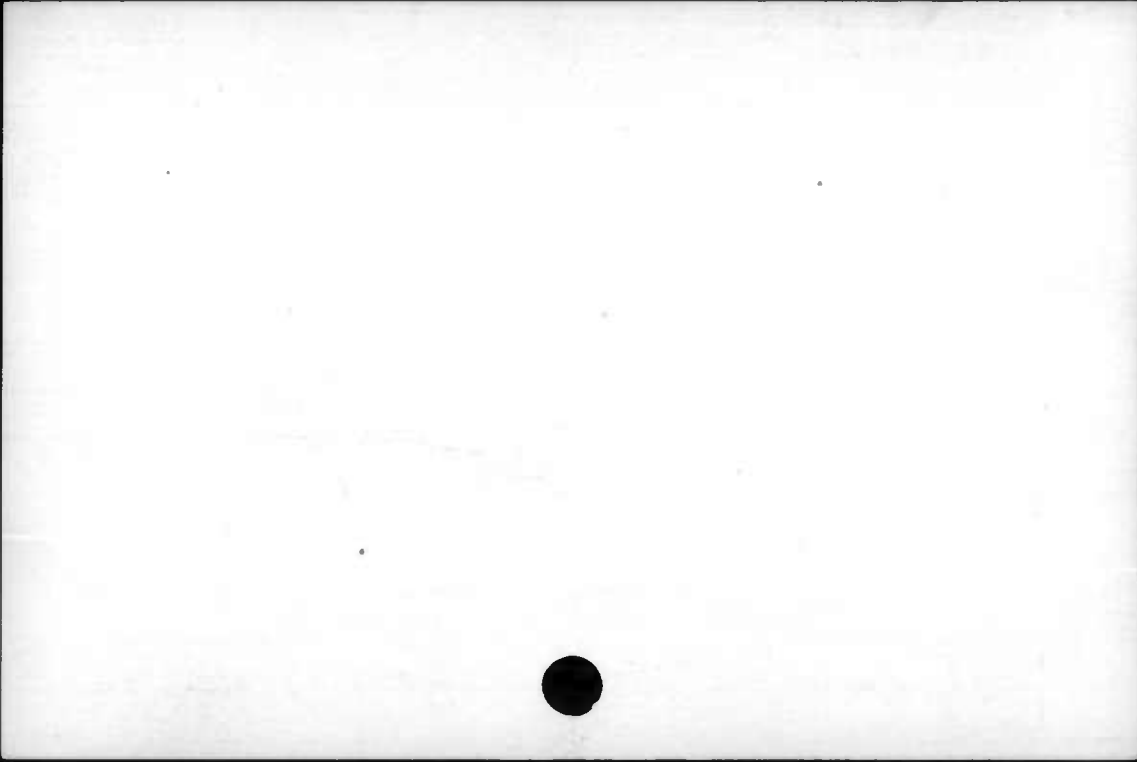
Died at <i>Pawmoke city</i>		County <i>Monroe</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>July</i>	Day <i>6</i>	Age	Years	Months <i>6</i> Days
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Pawmoke City</i>		
Occupation <i>Infant</i>		Where Residing if not at place of death <i>11 11</i>			
Married, Single or Widowed <i>11</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Edward Long</i>			Father's Birthplace <i>Monroe Co</i>		
Mother's Maiden Name <i>Liah Quinn</i>			Mother's Birthplace <i>11 11</i>		
Name of person giving information <i>Edward Long</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

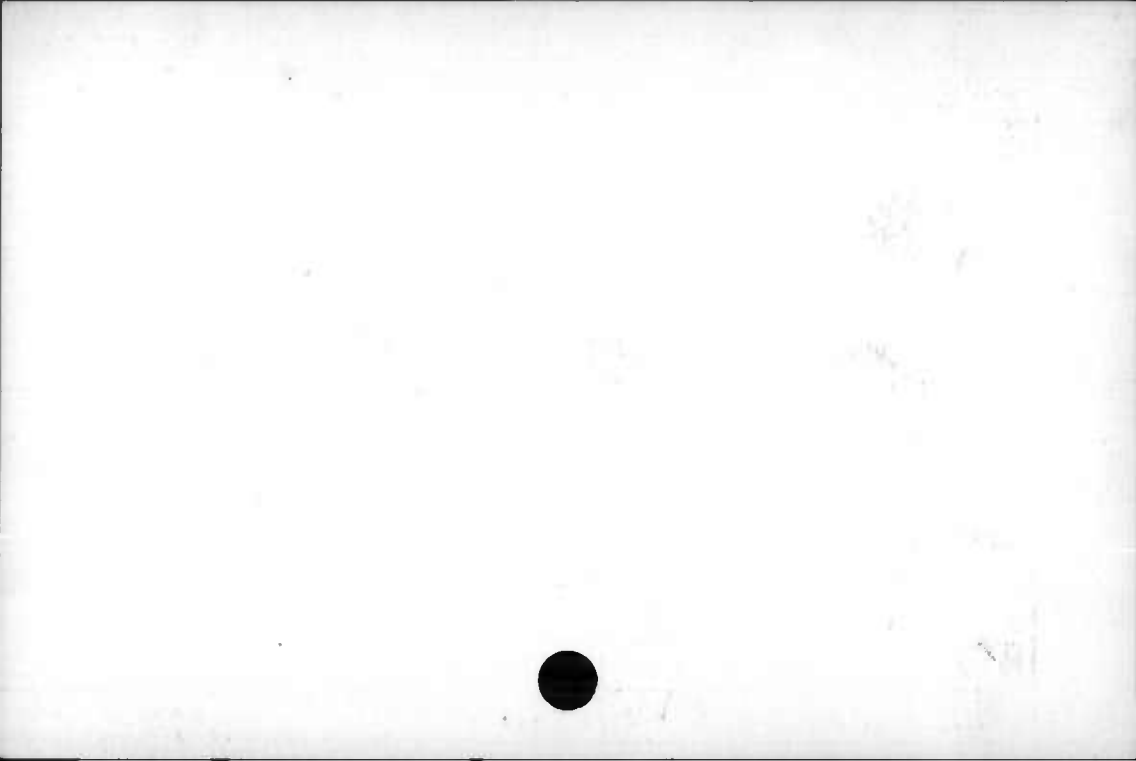
9

PHYSICIAN
OR CORONER

Primary <i>Croup</i>	How long <i>2 or 3 days</i>
Immediate <i>asphyxiation</i>	How long <i>1 hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>1 yrs</i>	Signature of Physician <i>Samuel J. Quinn</i>
	Address <i>Pawmoke city, Mo</i>
Accident or Suicide?	



Name in Full		Rasnell McGregor				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Berlin	Town	Farmersville	County	MARYLAND	
	Date of death	1907	March	11	Age	4	Months — Days —
	Sex	male	Color or Race	Black	Birth-place	Maryland	
	Occupation				Where Residing if not at place of death		
	Married, Single or widowed				Name of Wife or Husband		
	Father's Name	Frank McGregor			Father's Birthplace	Maryland	
PHYSICIAN OR CORONER	Mother's Maiden Name	Ellen McGregor			Mother's Birthplace	Maryland	
	Name of person giving information	Frank McGregor			How related to deceased		
	CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary	Unknown. No record			How long	179 Natural	
	Immediate				How long		
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician			
	No Ls in attendance			Address			
	Accident or Suicide?			D. A. Massey Berlin Md			



Name
in
Full

Annie Mosford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Bishopville</i>		Town <i>Bishopville</i>		County <i>Worcester</i>		MARYLAND	
Date of death	1907	Month	March	Day	28	Years	Age 24
Sex	Female		Color or Race	Colored		Birth-place	Maryland
Occupation	House work			Where Residing if not at place of death		At Home	
Married, Single or Widowed	Married		Name of Wife or Husband <i>Joseph Mosford</i>				
Father's Name	<i>Illigamate Dent Know father</i>			Father's Birthplace		<i>South Carolina</i>	
Mother's Maiden Name	<i>Scruth Baptist</i>			Mother's Birthplace		<i>Maryland</i>	
Name of person giving information	<i>Joseph Mosford her husband</i>			How related to deceased		<i>Husband</i>	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	How long	<i>1 year</i>
Immediate	How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>R P Collins</i>	
Yes	Address <i>Bishopville</i>	
Accident or Suicide?	<input checked="" type="checkbox"/> P Reason <i>Med</i>	



Name
in
Full

Herelle S Powell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Whaleysville B & I #2</i>		Town <i>Whaleysville</i>		County <i>Worcester</i>		State <i>MARYLAND</i>	
Date of death <i>1907</i>	Month <i>March</i>	Day <i>3</i>	Age <i>69</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>				
Occupation <i>Heraner</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Henarie Poyte</i>						
Father's Name <i>Herelle S Powell</i>	Father's Birthplace <i>Maryland</i>						
Mother's Maiden Name <i>Sarah Powell</i>	Mother's Birthplace <i>Maryland</i>						
Name of person giving information <i>Mary Magrant</i>	How related to deceased <i>Daughter</i>						

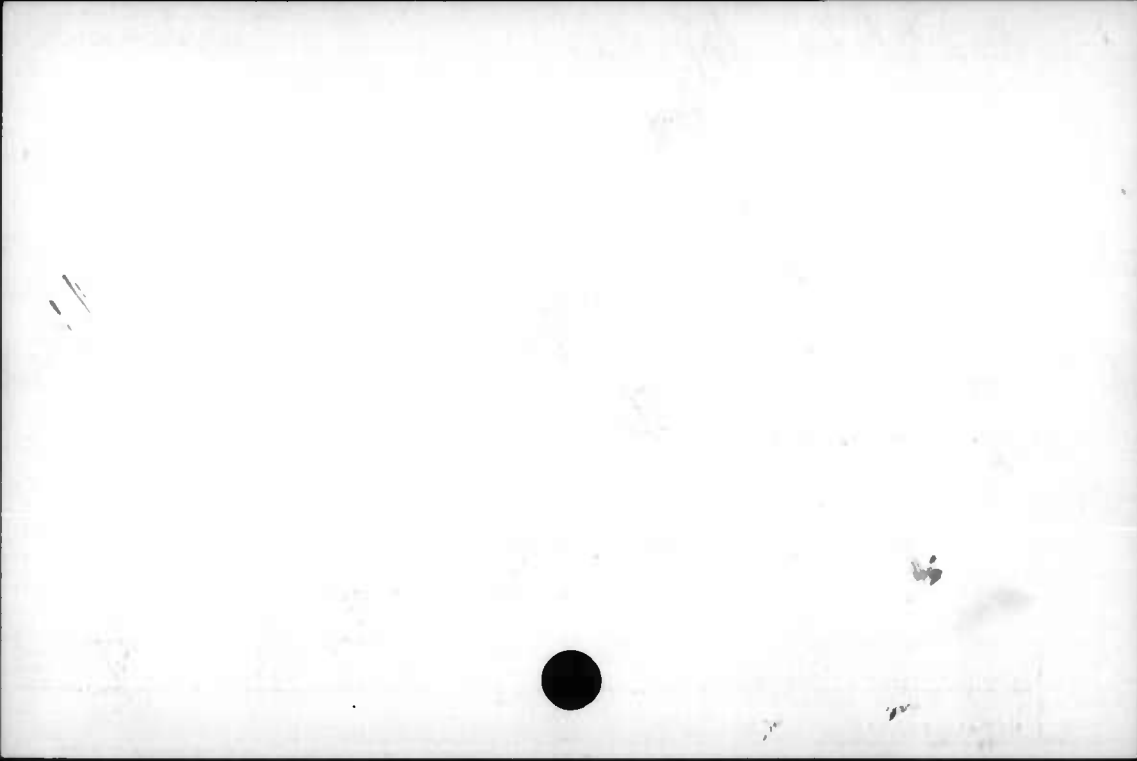
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	93	How long <i>one week</i>
Immediate <i>No</i>		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	
	Address	
Accident or Suicide?	<i>T Bayne Bishopessville Md</i> Health LIBRARY BUREAU 480610	



Name in Full		Matilda Priddy				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>near Newark</i>		County <i>Worcester</i>		MARYLAND			
	Date of death	1907	Month	March	Day	9	Age	4
	Sex	Female		Color or Race	Black		Birthplace	Maryland
	Occupation			Where Residing if not at place of death				
	Married, Single or Widowed			Name of Wife or Husband				
	Father's Name			Sidney Priddy		Father's Birthplace		Maryland
	Mother's Maiden Name			Unknown		Mother's Birthplace		Maryland
Name of person giving information			Sidney Priddy		How related to deceased		Father	
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Unknown. No doctor			How long		
	Immediate		Natural			How long		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		O.K.			
	Dr. S. S. in attendance		Address		L. A. Masses Berlin Md			
Accident or Suicide?								



Name
in
Full

CERTIFICATE OF DEATH

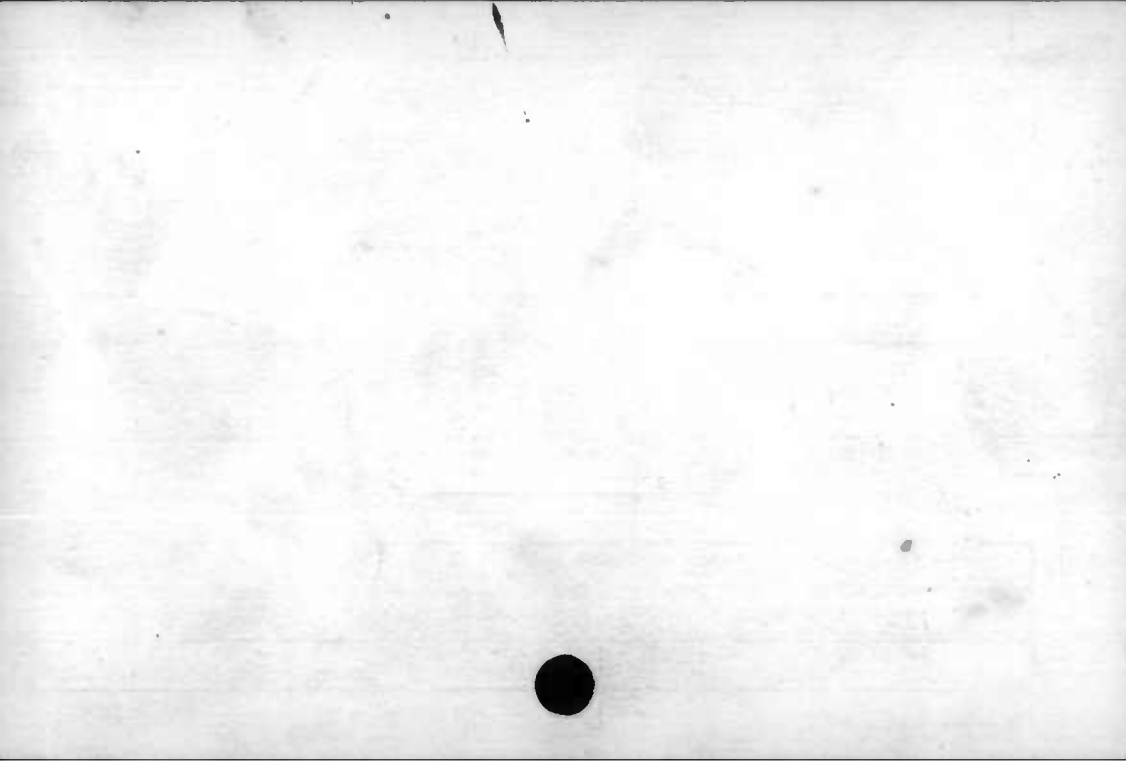
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pawmoke city</i>		Town <i>Pawmoke city</i>		County <i>Morris</i>		MAYLAND	
Date of death <i>1907</i>		Month <i>March</i>		Day <i>29</i>		Age <i>7</i>	
Sex <i>male</i>		Color or Race <i>colored</i>		Birth-place <i>Pawmoke city</i>		Months <i>7</i>	
Occupation <i>infant</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>ll</i>		Name of Wife or Husband					
Father's Name <i>Francis Quinn</i>		Father's Birthplace <i>ll ll</i>					
Mother's Maiden Name <i>Blanche Mc Pearce</i>		Mother's Birthplace <i>Baltimore</i>					
Name of person giving information <i>Frank Quinn</i>		How related to deceased <i>father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Whooping Cough</i> (8)	How long <i>3 weeks</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Samuel S Quinn</i>
	Address <i>Pawmoke city md</i>
Accident or Suicide?	



Name
in
Full

Rhoda Robbins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

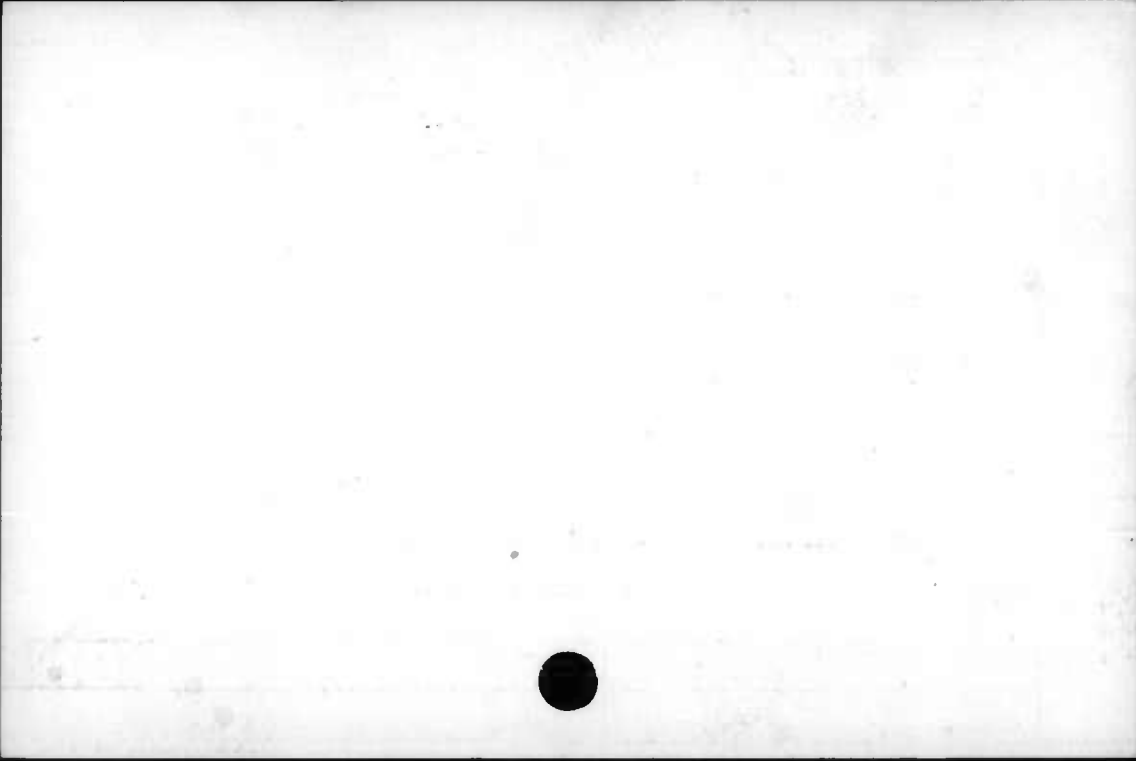
Died at <i>near Berlin</i> <small>Town</small>		<i>Worcester</i> <small>County</small>		MARYLAND	
Date of death	<i>1907</i>	Month	<i>3</i>	Day	<i>8</i>
Age		<i>70</i>		Years	
Sex	<i>Female</i>	Color or Race	<i>Blk</i>	Birth place	<i>Ind</i>
Occupation		Where Residing if not at place of death			
Married, Single or Widowed	<i>Widowed</i>	Name of Wife or Husband <i>Arnold Robbins</i>			
Father's Name		Father's Birthplace			
Mother's Maiden Name		Mother's Birthplace			
Name of person giving information		<i>Geo Robbins</i>		How related to deceased <i>Son</i>	

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	<i>Cold</i>	How long	
Immediate	<i>Severe Pneumonia</i>	How long	<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Eliot Holland</i>	
		Address <i>Berlin Ind</i>	
Accident or Suicide? <input checked="" type="checkbox"/>			



Name
in
Full

Ellene L. Selby

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

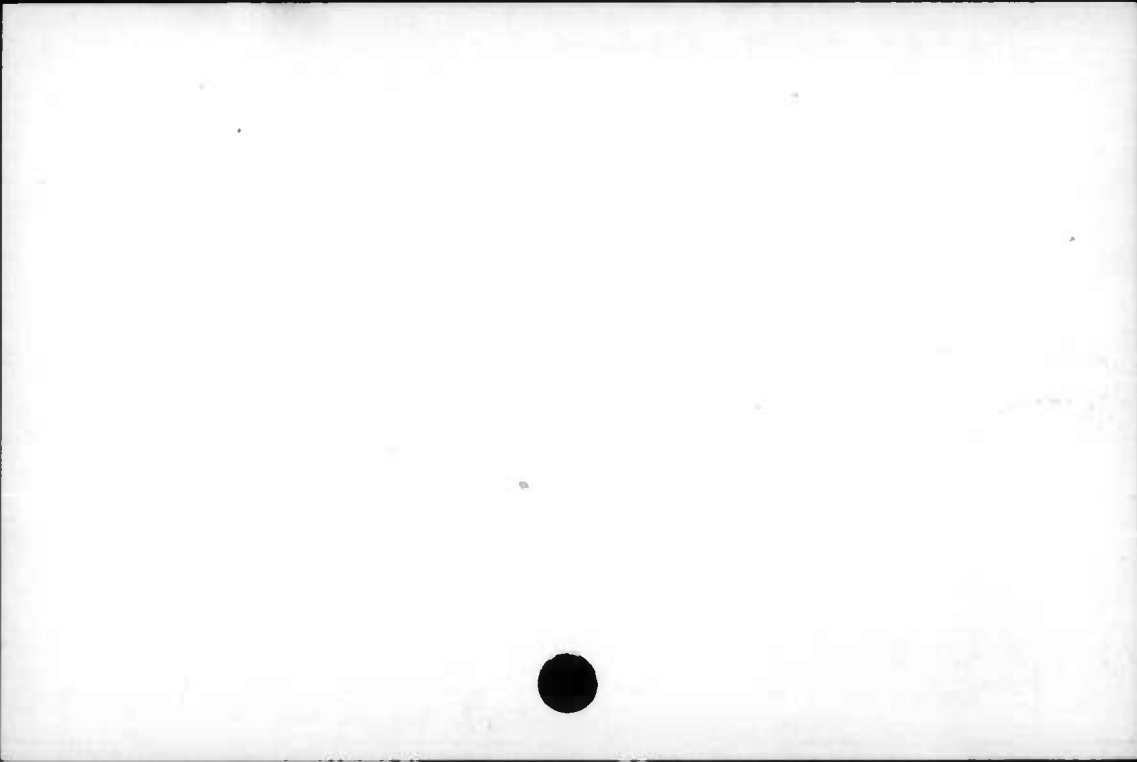
Died at <u>Stocketon</u> <small>Town</small>		<u>Worcester</u> <small>County</small>		MARYLAND	
Date of death	1907	Month	March	Day	11
Age	51	Years		Months	2
Sex	Female	Color or Race	white	Birth-place	Ind.
Occupation	Housewife		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	John S. Selby		
Father's Name	Edward Peapack		Father's Birthplace	Ind.	
Mother's Maiden Name	Elizabeth Lang		Mother's Birthplace	Va.	
Name of person giving information	Albert Selby		How related to deceased	Son	

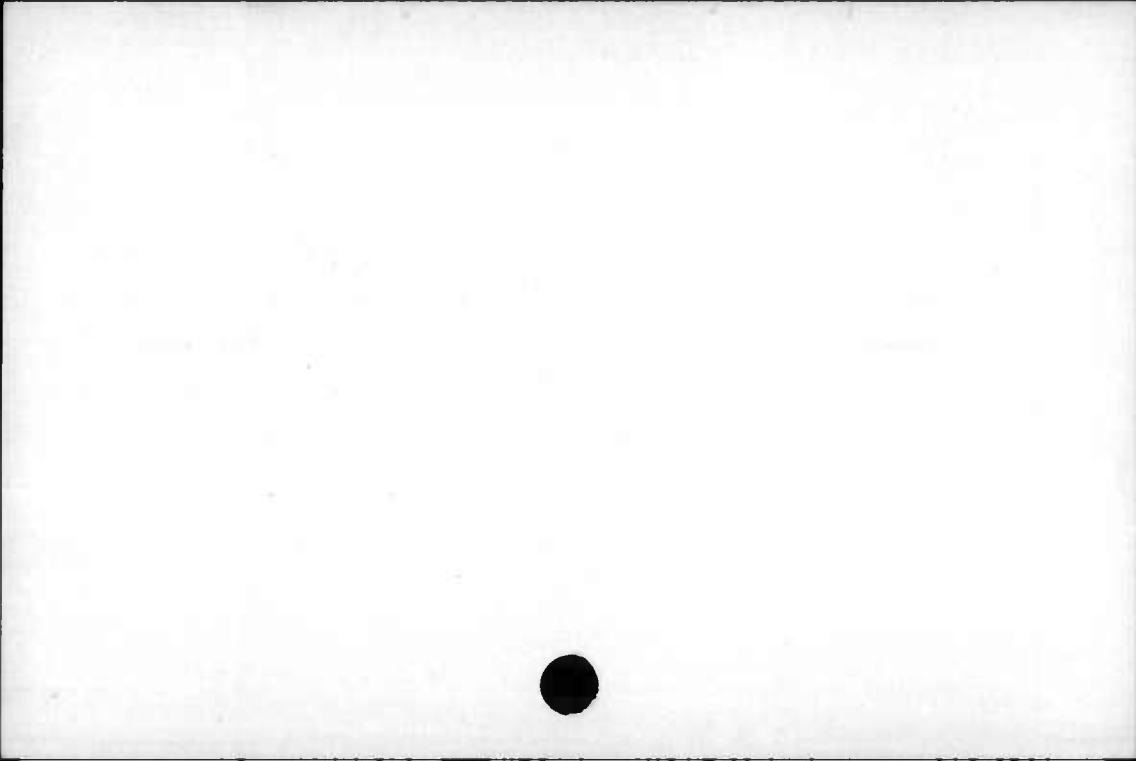
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary tuberculosis	How long	18 months
Immediate	Exhaustion	How long	4 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	John D. Richardson
		Addres	Stocketon Ind.
Accident or Suicide?			Worcester Ind. ✓

27





Name
in
Full

Mary Ellen Showell

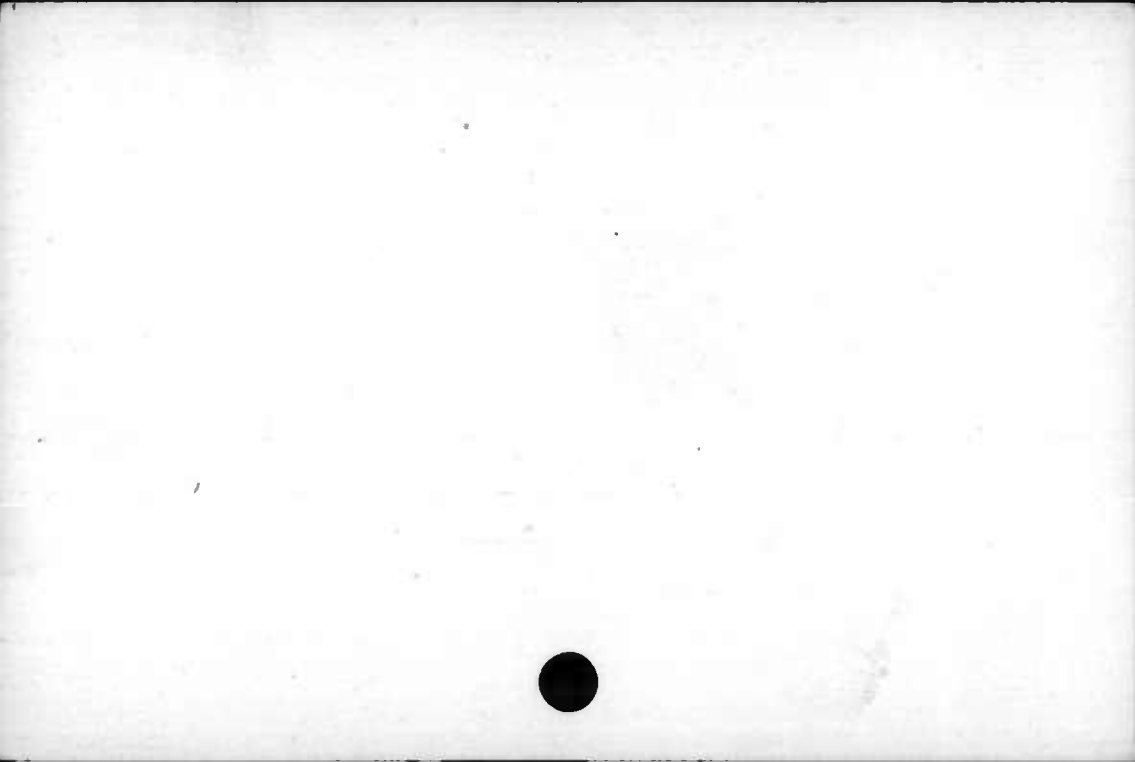
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Snow Hill</i>		Town <i>Snow Hill</i>		County <i>Morristown</i>		State <i>MARYLAND</i>	
Date of death	<i>1907</i>	Month <i>March</i>	Day <i>14th</i>	Years <i>30.</i>	Age	Months	Days
Sex <i>Female</i>	Color or Race <i>colored</i>		Birth-place <i>Snow Hill Md</i>				
Occupation <i>Housework</i>	Where Residing if not at place of death <i>Snow Hill Md</i>						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband						
Father's Name <i>John Hudson.</i>	Father's Birthplace <i>Maryland</i>						
Mother's Maiden Name <i>Jane Showell</i>	Mother's Birthplace <i>Maryland</i>						
Name of person giving information <i>Jane Showell</i>	How related to deceased <i>Mother</i>						

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Typhoid fever</i>	How long <i>7 weeks</i>
	Immediate	<i>" "</i>	How long
	Are the name, age, sex, color, date and place correctly given above?	<i>yes.</i>	Signature of Physician <i>John L. Riley</i>
			Address <i>Snow Hill, Md.</i>
	Accident or Suicide?	<i>No.</i>	



Name
in
Full

Not known The name Smack

CERTIFICATE OF DEATH

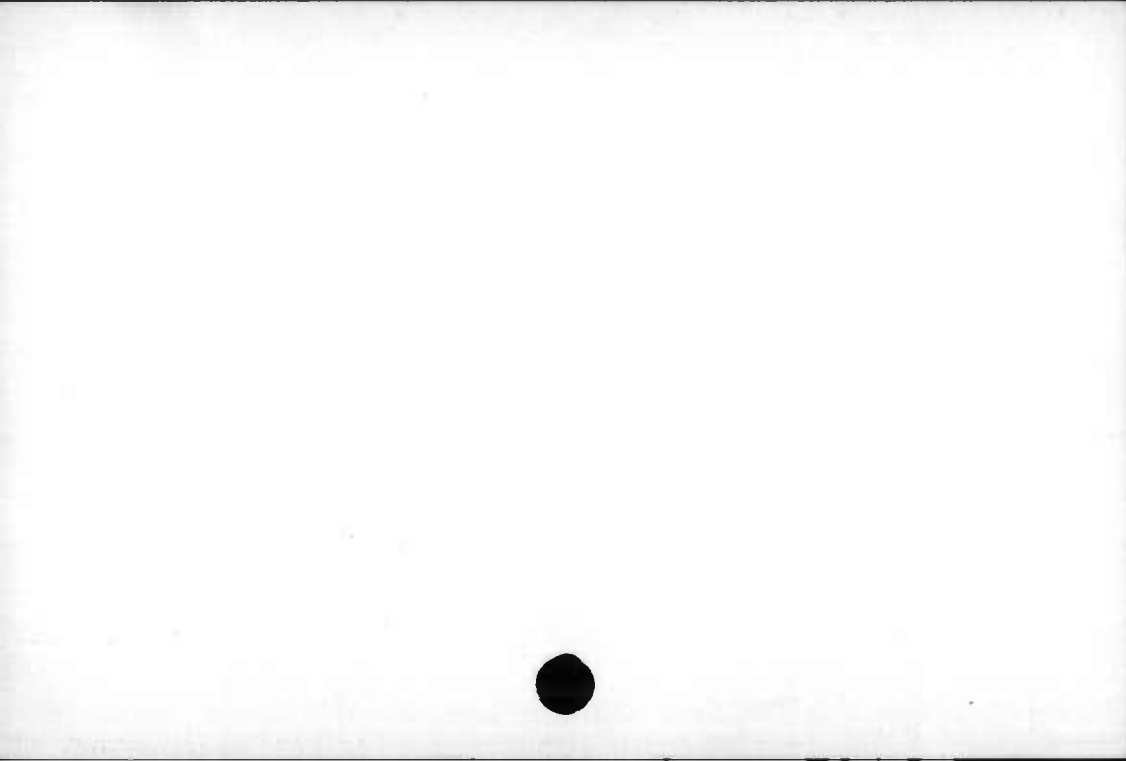
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Whaleyville B^y H^d #2</i>		Town <i>Whaleyville</i>		County <i>Worcester</i>		MARYLAND	
Date of death	<i>1907</i>	Month <i>March</i>	Day <i>2</i>	Age	Years	Months <i>3</i>	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>				
Occupation <i>None</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>					
Father's Name <i>James Smack</i>				Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Mary Duncaway</i>				Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>Clary Lynch</i>				How related to deceased <i>Sister</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Leucop</i>	How long <i>7 days</i>
Immediate <i>No</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
<i>yes</i>	Address
Accident or Suicide?	<i>P. Bayne Bishopville Md</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

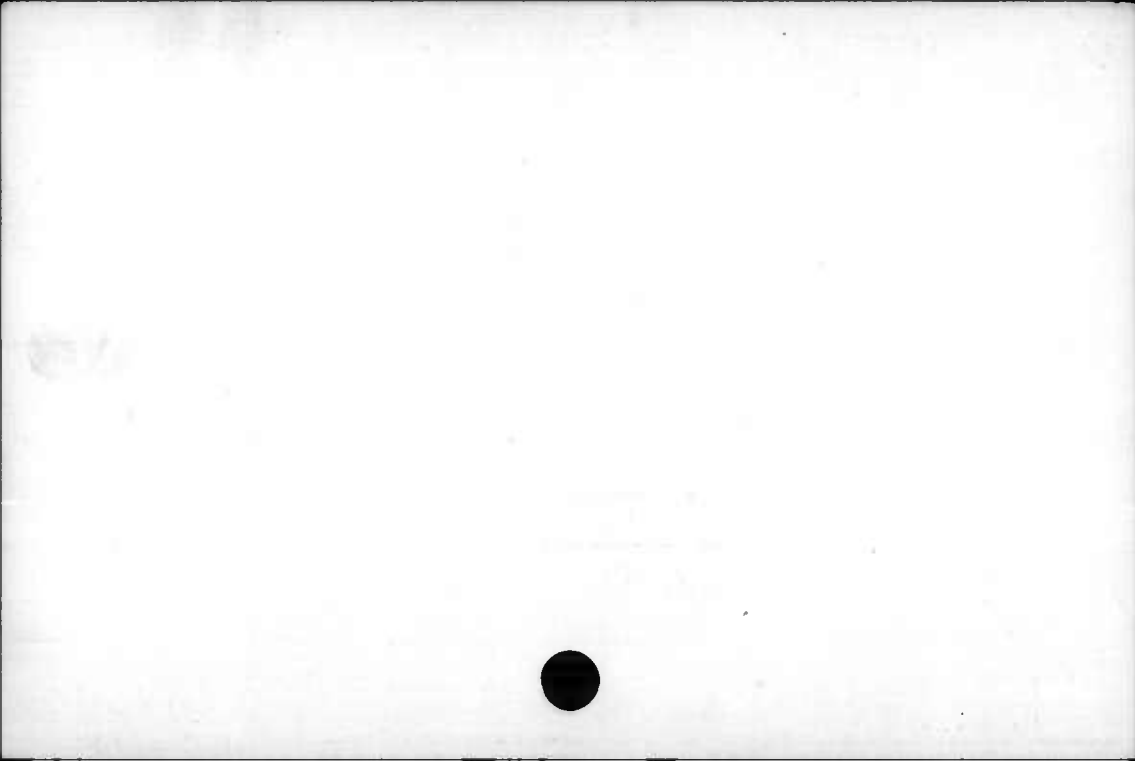
MARYLAND

Died at <u>Stockton</u> Town <u>Worcester</u> County	
Date of death <u>1907</u> Month <u>March</u> Day <u>10</u> Age <u>70</u> Years Months <u>December</u> Days <u>10</u>	
Sex <u>Male</u> Color or Race <u>white</u> Birth-place <u>Girdletree</u>	
Occupation <u>Farmer</u> Where Residing if not at place of death <u>near Stockton</u>	
Married, Single or Widowed <u>Married</u> Name of Wife or Husband <u>Ellen Price</u>	
Father's Name <u>Thomas T Taylor</u> Father's Birthplace <u>Girdletree</u>	
Mother's Maiden Name <u>Mary Johnson</u> Mother's Birthplace <u>Girdletree</u>	
Name of person giving information <u>Thomas Taylor</u> How related to deceased <u>stepson</u>	

CAUSES OF DEATH

Primary <u>Bright's disease</u>	How long <u>More than a year</u>
Immediate <u>Heart failure</u>	How long <u>can't say</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>P. J. Parker</u>
	Address <u>Stockton Maryland</u>
Accident or Suicide?	

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Rene L. Taylor

Town

County

MARYLAND

Died at

Beauregard

Anne Arundel

Date

1907

Month

3

Day

16

Age

Years

42

Months

Days

Sex

Male

Color or
Race

White

Birth-
placeT^a

Occupation

Merchant

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Sallie Taylor

Father's
Name

Crate Taylor

Father's
BirthplaceT^aMother's
Maiden Name

Margaret Messers

Mother's
BirthplaceT^aName of person giving
Information

R. S. Curtis

How related
to deceased

None

CAUSES OF DEATH

27

Primary

Pulmonary Tuberculosis

How long

3 yrs

Immediate

Exhaustion

How long

1 week

Are the name, age, sex, color, date
and place correctly given above?Y^sSignature of
Physician

Address

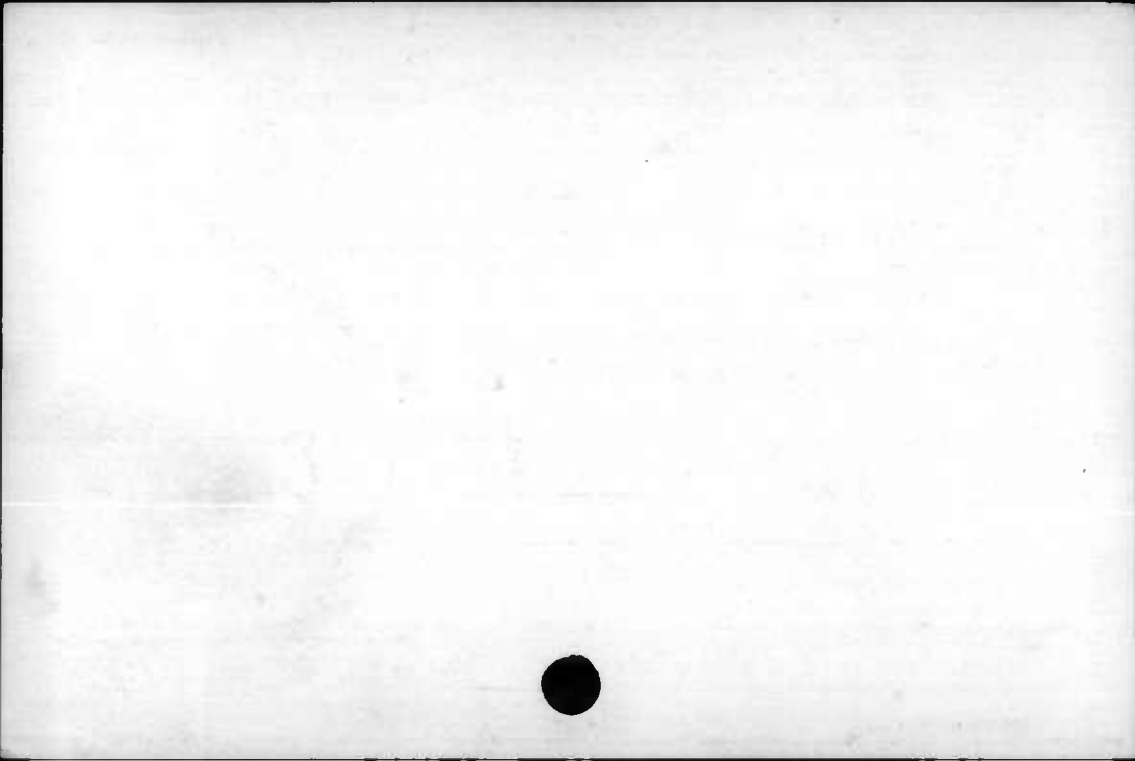
J. J. Wilson

Pocomoke City

Accident or Suicide?

✓

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Edward G. Townsend

Town

County

Died at

Berthie

Worcester

MARYLAND

Date

of death 190

Month

3

Day

20

Age

Years

73.

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Md

Occupation

Farmer

Where Residing if not
at place of deathMarried, Single
or Widowed

Widowed

Name of Wife or
Husband

Catherine Vickers

Father's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
information

John E. Rogers

How related
to deceased

None

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

The Hillard
Dexter
Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

